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<b>State:</b>	District of Columbia	<b>Filing Company:</b>	New York Life Insurance Company
<b>TOI/Sub-TOI:</b>	H07G Group Health - Specified Disease - Limited Benefit/H07G.001 Critical Illness		
<b>Product Name:</b>	Critical Illness		
<b>Project Name/Number:</b>	Critical Illness Source/GMR-CRITIL.2014-P, GRM-CRITIL.2014-C Rates		

## Filing at a Glance

Company:	New York Life Insurance Company
Product Name:	Critical Illness
State:	District of Columbia
TOI:	H07G Group Health - Specified Disease - Limited Benefit
Sub-TOI:	H07G.001 Critical Illness
Filing Type:	Rate
Date Submitted:	06/26/2014
SERFF Tr Num:	NYLM-129611839
SERFF Status:	Assigned
State Tr Num:	
State Status:	
Co Tr Num:	GMR-CRITIL.2014-P, GMR-CRITIL.2014-C RATES
Implementation	On Approval
Date Requested:	
Author(s):	Katie Gagnon
Reviewer(s):	Darniece Shirley (primary), Alula Selassie, John Morgan
Disposition Date:	
Disposition Status:	
Implementation Date:	
State Filing Description:	

**State:** District of Columbia **Filing Company:** New York Life Insurance Company  
**TOI/Sub-TOI:** H07G Group Health - Specified Disease - Limited Benefit/H07G.001 Critical Illness  
**Product Name:** Critical Illness  
**Project Name/Number:** Critical Illness Source/GMR-CRITIL.2014-P, GRM-CRITIL.2014-C Rates

## General Information

Project Name: Critical Illness Source Status of Filing in Domicile:  
 Project Number: GMR-CRITIL.2014-P, GRM-CRITIL.2014-C Rates Date Approved in Domicile:  
 Requested Filing Mode: Review & Approval Domicile Status Comments:  
 Explanation for Combination/Other: Market Type: Group  
 Submission Type: New Submission Group Market Size: Large  
 Group Market Type: Association, Trust Overall Rate Impact:  
 Filing Status Changed: 07/03/2014  
 State Status Changed: Deemer Date:  
 Created By: Katie Gagnon Submitted By: Katie Gagnon  
 Corresponding Filing Tracking Number:

Filing Description:

June 26, 2014

Re:New York Life Insurance Company  
 NAIC # 66915  
 FEIN # 13-5582869  
 Group Critical Illness Insurance Filing

Policy:GMR-CRITIL.2014-P  
 Certificate: GMR-CRITIL.2014-C

Form Filing: NYLM-129611547

Dear Sir:

Enclosed for filing and approval are copies of the following documents:

- New York Life Insurance Company NAIC Group Code – 0826.
- New York Life Insurance Company NAIC Company Code – 66915.
- Actuarial Memorandum.

Please find enclosed for approval on a general basis New York Life Insurance Company's ("New York Life") Group Critical Illness Insurance filing. These forms are filed for delivery in or outside the state of District of Columbia. This filing is new and not intended to replace any existing filing.

These forms provide group critical illness insurance, which offers individuals a lump sum payment upon diagnosis of specific critical illnesses. The coverage provided under this product does not constitute "minimum essential coverage" (see disclosure notice on the face page of policy/certificate) and is considered an Excepted Benefit as outlined in Section 146.145 of the Code of Federal Regulations. This coverage will only be provided to individuals who have "minimum essential coverage"; benefits

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will not be coordinated with benefits from other health coverage; and benefits will be paid on a fixed dollar basis regardless of actual expenses incurred.

We would appreciate hearing from you at your earliest convenience.

Sincerely,

Bruce E. Dreizen  
Corporate Vice President

## Company and Contact

### Filing Contact Information

Katherine Gagnon, Senior Associate  
One Rockwood Road  
Sleepy Hollow, NY 10591

katherine\_e\_gagnon@newyorklife.com  
914-846-3792 [Phone]

### Filing Company Information

New York Life Insurance Company	CoCode: 66915	State of Domicile: New York
51 Madison Avenue	Group Code: 826	Company Type:
New York, NY 10010	Group Name:	State ID Number:
(212) 576-5814 ext. [Phone]	FEIN Number: 13-5582869	

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## Filing Fees

Fee Required?	No
Retaliatory?	No
Fee Explanation:	

<b>SERFF Tracking #:</b>	NYLM-129611839	<b>State Tracking #:</b>		<b>Company Tracking #:</b>	GMR-CRITIL.2014-P, GMR-CRITIL.2014-C RAT...
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## Rate Information

Rate data applies to filing.

<b>Filing Method:</b>	SERFF
<b>Rate Change Type:</b>	Neutral
<b>Overall Percentage of Last Rate Revision:</b>	0.000%
<b>Effective Date of Last Rate Revision:</b>	
<b>Filing Method of Last Filing:</b>	

## Company Rate Information

Company Name:	Overall % Indicated Change:	Overall % Rate Impact:	Written Premium Change for this Program:	Number of Policy Holders Affected for this Program:	Written Premium for this Program:	Maximum % Change (where req'd):	Minimum % Change (where req'd):
New York Life Insurance Company	%	%				%	%

<b>SERFF Tracking #:</b>	NYLM-129611839	<b>State Tracking #:</b>		<b>Company Tracking #:</b>	GMR-CRITIL.2014-P, GMR-CRITIL.2014-C RAT...
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## Rate/Rule Schedule

Item No.	Schedule Item Status	Document Name	Affected Form Numbers (Separated with commas)	Rate Action	Rate Action Information	Attachments
1		Actuarial Memo	GMR-CRITIL.2014-P, GMR-CRITIL.2014-C	New		Critical Illness AM.pdf,
2		Premium	GMR-CRITIL.2014-P, GMR-CRITIL.2014-C	New		Premium.pdf,

**NEW YORK LIFE INSURANCE COMPANY**

**May 23, 2014**

**ACTUARIAL MEMORANDUM  
on  
GROUP CRITICAL ILLNESS POLICY**

This actuarial memorandum describes the assumptions for the calculation of the premiums for this Group Critical Illness plan.

# NEW YORK LIFE INSURANCE COMPANY

May 23, 2014

## ACTUARIAL MEMORANDUM on GROUP CRITICAL ILLNESS POLICY

### GENERAL

Premiums are payable while the policy is in force.

We believe the rates are reasonable in relation to the benefits provided.

The policy will provide an indemnity benefit when the insured is diagnosed with one of the covered critical illnesses. The available critical illnesses on this product are heart attack, stroke, cancer, renal failure, major organ transplant, paralysis, coma, occupational HIV, carcinoma in situ. A minimum of 2 and a maximum of 9 of these benefits may be chosen by the policyholder to include in the product offering. A full benefit (up to \$100,000) will be paid out when the insured incurs one of the covered illnesses, with the exception of a diagnosis of carcinoma in situ, which pays 25%.

After a first occurrence the insured has the option to continue to pay premiums and will be eligible for a benefit for an occurrence of a different period after a waiting period of 6 months. The insured will be paying premiums during the waiting period to guarantee insurability for a possible second event. A second payment for the same ailment will not be covered under this policy.

Potential covered conditions, and benefit payable are:

Cancer	100%
Heart attack	100%
Major Organ Transplant	100%
Renal Failure	100%
Stroke	100%
Paralysis	100%
Coma	100%
Occupational HIV	100%
Carcinoma In Situ	25%

**NEW YORK LIFE INSURANCE COMPANY**

**May 23, 2014**

**ACTUARIAL MEMORANDUM  
on  
GROUP CRITICAL ILLNESS POLICY**

Policy Characteristics

This Group CI Policy form is a yearly renewable insurance policy. Premiums are attained age based and are not guaranteed.

1. PREMIUM

The premium may be raised or lowered during the lifetime of the policy.

2. ASSUMPTIONS

**CLAIMS:** The claims assumption is based on market data acquired from a third party consultant based on similar policies sold in the worksite market. Actuarial judgment was used to adjust the assumption for the Membership Association market.

**INTEREST:** Not Applicable to Annually Renewable products

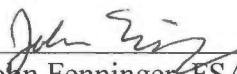
**EXPENSES:** Expenses are based upon New York Life dividend formula charges, and anticipated solicitation expenses, and agreed upon levels of commission and administrative fees paid to a third party broker/administrator.

3. ANTICIPATED LOSS RATIO

The anticipated benefit ratio, or the ratio at time of this rate filing of the present value of future benefits (inclusive of dividends) to the present value of future premiums, for this policy form will be approximately 60%.

4. RESERVES

Since this is an Annually Renewable plan no policy reserve will be held. Pending and IBNR reserves will be held.

  
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John Fenninger, FSA, MAAA  
Corporate Vice President & Actuary  
New York Life

## **PREMIUM**

### **Table Of Premium Rates**

#### **Annual Premium Rates Per \$1,000 Of Insurance**

CONTRIBUTIONS are subject to increases based upon the INSURED MEMBER'S or INSURED SPOUSE'S advancing AGE.

<u>Age</u>	<u>Non-Smoker</u>	<u>Smoker</u>
Under 30	4.96	7.48
30 – 34	6.82	11.02
35 – 39	10.07	16.87
40 – 44	14.38	24.50
45 – 49	19.46	33.83
50 – 54	24.54	43.16
55 – 59	30.38	52.87
60 – 64	36.23	62.58
65 – 69	43.45	73.26
70 - 74	52.57	87.32

The Non-Smoker premium rate is only applicable to COVERED PERSONS for whom the required statement of their qualification for the Non-smoker premium rate has been submitted to and determined to be acceptable by New York Life.

**New York Life's Rights** New York Life can change prospectively any method used to compute the PREMIUM due under the Policy, the PREMIUM rates and/or the tables on any:

1. PREMIUM DATE after the first Anniversary Date, but not more than once in any 12-month period. New York Life will mail or deliver a written notice to the Policyholder at least 60 days before the date such change is to take effect; or
2. date New York Life's liability is changed by Policy amendment, any governmental program, law or regulation. An exercise of this right will not stop New York Life from exercising its right in 1. above.

New York Life may, out of the PREMIUM, pay a reasonable fee to the ASSOCIATION. This may be paid as consideration for: its endorsement of the Plan, intellectual property rights, mailing lists of eligible members, and other matters related to development, administration, and promotion of sales among the membership.

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## Supporting Document Schedules

<b>Satisfied - Item:</b>	Cover Letter All Filings
<b>Comments:</b>	
<b>Attachment(s):</b>	DC rate filing letter .pdf
<b>Item Status:</b>	
<b>Status Date:</b>	

<b>Bypassed - Item:</b>	Certificate of Authority to File
<b>Bypass Reason:</b>	N/A
<b>Attachment(s):</b>	
<b>Item Status:</b>	
<b>Status Date:</b>	

<b>Satisfied - Item:</b>	Actuarial Memorandum
<b>Comments:</b>	
<b>Attachment(s):</b>	Critical Illness AM.pdf
<b>Item Status:</b>	
<b>Status Date:</b>	

<b>Satisfied - Item:</b>	Actuarial Justification
<b>Comments:</b>	Please see the attached Actuarial Memo
<b>Attachment(s):</b>	
<b>Item Status:</b>	
<b>Status Date:</b>	

<b>Bypassed - Item:</b>	District of Columbia and Countrywide Loss Ratio Analysis (P&C)
<b>Bypass Reason:</b>	N/A. This is not P&C coverage.
<b>Attachment(s):</b>	
<b>Item Status:</b>	
<b>Status Date:</b>	

<b>Bypassed - Item:</b>	District of Columbia and Countrywide Experience for the Last 5 Years (P&C)
<b>Bypass Reason:</b>	N/A. This is not P&C coverage.
<b>Attachment(s):</b>	
<b>Item Status:</b>	
<b>Status Date:</b>	

<b>SERFF Tracking #:</b>	NYLM-129611839	<b>State Tracking #:</b>		<b>Company Tracking #:</b>	GMR-CRITIL.2014-P, GMR-CRITIL.2014-C RAT...
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<b>Bypassed - Item:</b>	Actuarial Memorandum and Certifications
<b>Bypass Reason:</b>	N/A. This is not a rate increase.
<b>Attachment(s):</b>	
<b>Item Status:</b>	
<b>Status Date:</b>	

<b>Bypassed - Item:</b>	Unified Rate Review Template
<b>Bypass Reason:</b>	N/A. This is not a rate increase.
<b>Attachment(s):</b>	
<b>Item Status:</b>	
<b>Status Date:</b>	

June 26, 2014

Re: New York Life Insurance Company  
NAIC # 66915  
FEIN # 13-5582869  
Group Critical Illness Insurance Filing

Policy: GMR-CRITIL.2014-P  
Certificate: GMR-CRITIL.2014-C

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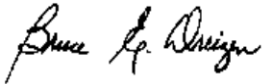
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**NEW YORK LIFE INSURANCE COMPANY**

**May 23, 2014**

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on  
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May 23, 2014

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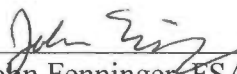
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